

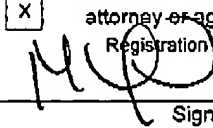
FEB 13 2007

PTO/SB/22 (12-04)

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|  |            |   |             |
|--|------------|---|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | <b>Docket Number (Optional)</b><br>393032030500 |             |
| <b>Application Number</b> 10/052,838   |            | <b>Filed</b> January 17, 2002                   |             |
| <b>For</b> DISCRIMINATOR FOR DIFFERENTLY MODULATED SIGNALS, METHOD USED THEREIN,<br>DEMODULATOR EQUIPPED THEREWITH, METHOD USED THEREIN, SOUND REPRODUCING<br>APPARATUS AND METHOD FOR REPRODUCING ORIGINAL MUSIC DATA CODE  |            |   |             |
| <b>Art Unit</b> 2837   |            | <b>Examiner</b> Marlon T. Fletcher              |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |            |   |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |   |             |
|  | <b>Fee</b> | <b>Small Entity Fee</b>                         |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225   | \$          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510   | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795   | \$          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080  | \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |            |   |             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee<br>Transmittal form (PTO/SB/17) is attached to this<br>submission in duplicate. |            |   |             |
| I am the <input type="checkbox"/> applicant/inventor.  |            |   |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |   |             |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____  |            |   |             |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>48,231</u>  |            |   |             |
| <br>_____<br>Signature  |            | _____<br>Date<br>February 13, 2007              |             |
| _____<br>Typed or printed name<br>Mehran Arjomand  |            | _____<br>Telephone Number<br>(213) 892-5630     |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |            |   |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |   |             |

I hereby certify that this correspondence is being transmitted via facsimile on the date shown below: 571-273-8300 to the following telephone number

Dated: February 13, 2007

Signature: Katrin Kauffmann (Katrin Kauffmann)02/16/2007 AMONDAF1 00000036 031952  
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